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# Themes Elicited by the Senior Apperception Test in Institutionalized Older Adults

Nancy A. Stock

*Eastern Illinois University*

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Themes Elicited By The Senior Apperception

Test In Institutionalized Older Adults

(TITLE)

BY

Nancy A. Stock

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

Master of Arts

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

1979

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
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THEMES ELICITED BY THE SENIOR APPERCEPTION  
TEST IN INSTITUTIONALIZED OLDER ADULTS

BY

NANCY A. STOCK

B.S., University of Illinois, 1978

ABSTRACT OF A THESIS

Submitted in partial fulfillment of the requirements  
for the degree of Master of Arts in Psychology at the Graduate  
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### Abstract

The purpose of this study was to investigate the major themes elicited by the 16 stimulus cards of the Senior Apperception Test (SAT) (Bellak, 1975). The SAT was administered to 40 institutionalized male and female volunteers from seven nursing homes in the central Illinois region. They ranged in age from 61 to 97 years of age. There were 20 females (mean age = 78.6 years, S.D. = 8.3 years) and 20 males (mean age = 78.1 years, S.D. = 10.4 years). All subjects were initially given a brief organic screening device to rule out those subjects with severe or moderate organic damage. Those subjects who missed two questions or less were subsequently administered the SAT. Results found no consistent pattern of sex differences in responses. A thematic analysis illustrated that content themes depicting affiliation and physical limitations along with themes of dependency and description, were the most predominant themes for an institutionalized older adult sample. The majority of the story outcomes were of an ambivalent nature and a neutral tenor. The implications of the results were discussed.

Few personality assessment devices have been researched for use with geriatric populations. Two projective techniques, the Geriatric Apperception Test (GAT) (Wolk, 1972), and the Senior Apperception Test (SAT) (Bellak, 1975) have been designed for use specifically with older adults. While the GAT has failed to discriminate among various age groups, the SAT shows some initial promising results (Bellak, 1975).

The SAT is a projective technique which provides an analysis of fantasy, of needs, of coping, of psychodynamic conflicts, and of styles of adapting and defenses. The present study was designed as a pilot study to investigate themes generated by the aged in response to the 16 SAT cards.

The SAT was administered to 40 institutionalized male and female volunteers from seven nursing homes in the central Illinois region. They ranged in age from 61 to 97 years. There were 20 females (mean age = 78.6 years, S.D. = 8.3 years) and 20 males (mean age = 78.1 years, S.D. = 10.4 years). All subjects were initially given a brief organic screening device to rule out those subjects with severe or moderate organic damage. Those subjects who missed two questions or less were subsequently administered the SAT.

The analysis provided pertinent information about the stimulus cards themselves and their applicability

to the elderly population. Results indicated that there were no consistent sex differences in the responses. A thematic analysis illustrated that content themes depicting affiliation and physical limitations along with themes of dependency and description were the most predominant themes for this particular institutionalized older adult sample. The majority of the story outcomes were of an ambivalent nature and a neutral tenor.

Suggestions were also offered for further research in this area.

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## Chapter I

### Introduction

Close to one-third of the population of people living in the United States are 60 years of age or older. This fact alone makes them a very significant and important group of people. Erikson (1968) described this time of life in the last stage of his life cycle as Integrity versus Despair: "the acceptance of one's one and only life cycle and of the people who become significant to it as something that had to be and that by necessity, permitted no substitutions" (p. 139). At this time there is a looking back over one's life and dealing with the degree to which one's life was a worthwhile venture. Old age is seen as providing the link between past heritage and future generations.

In our society the elderly are usually forgotten and their problems are put aside. Little attention has been given to the conditions in which most aged people must live. Many older people are forced to leave their homes due to deteriorating physical conditions, hostile family situations, and increasing cost of living expenses. Many are often labelled as senile and unproductive individuals. This promotes a lessening in self-esteem and thus can make this time of life anxiety-laden and unpleasant. It is clear that there are special problems with which the elderly must cope. It is important that advances be taken in suiting psychological interventions to assist them in dealing with their problems. One way to start in this direction is to tailor assessment devices to their special needs.

Few personality assessment devices have been researched for use with geriatric populations. Two projective techniques, the Geriatric Apperception Test (GAT) (Wolk, 1972), and the Senior Apperception Test (SAT) (Bellack, 1975) have been designed for use specifically with older adults. Little has been done to assess their utility. The present study will initially review the utility of projective techniques, particularly as they apply to the aged. The SAT will be focused upon, as it is a relatively recent and promising technique explicitly designed for use with older adults. Scant research on the SAT has been completed. This study is to be considered exploratory in nature.

#### Statement of the Problem

While the literature review illustrated the potential utility of a variety of projective techniques with the elderly, it also described a gamut of validation problems with projectives as they pertain to the aged. The GAT and SAT are the projectives specifically designed for personality assessment of the elderly. While the GAT has failed to discriminate among various age groups, the SAT shows some initial promising results (Bellack, 1975). To date, a thematic analysis of the SAT has not been undertaken, such analysis would provide pertinent information about the stimulus cards themselves and their applicability to the elderly population. The present study is designed as a pilot study to investigate themes generated by the aged in response to the SAT.

## Chapter II

### Review of the Literature

Techniques for diagnostic evaluation of the elderly have been in the direction of functional assessments (Gaitz & Baer, 1970; Howell, 1968), e.g., to determine whether older persons are able to perform tasks necessary for existence in their environment. Although many attempts have been made to develop a comprehensive tool for functional assessment, there is no one widely accepted instrument. Most indices of this type of assessment include only minimal information on psychological functioning. The information on psychological functioning is usually confined to mental status and cognitive impairment, and it does not look at the dynamic aspects of personality.

Schaie and Schaie (1977), in their review of clinical assessment of the elderly argue for the proper use of projective techniques for testing clinical hypotheses along the lines of the hypothetico-deductive experiment with the client as a sample with an N of one. The objectives for such an assessment in the elderly being: 1) diagnosis of psychopathology; 2) determination of baseline behaviors which allow comparisons following behavioral intervention; and 3) assessment of adjustment to role changes.

Sugarman (1978) has suggested that projective measures may be seen as exceedingly more useful and needed assessment tools due to increasing acknowledgment of the rights of the elderly to self-improvement, therapeutic growth, and self-actualization. This use of psychological tests to consider



individual personality differences among older persons shows a moving away from stereotyping the elderly and toward recognizing the wide range of characteristics among them. It is useful prior to therapy to gain insights into intrapsychic strengths as well as weaknesses.

The use of projectives with older adults has been criticized for several reasons. Most projective tests have been structured in a "nondevelopmental pathology-oriented context" (Schaie & Schaie, 1977). Often administration techniques and/or scoring systems are not applicable to the elderly. Occasionally in research, special procedures for utilization with the aged have been devised (Birren, Butler, Greenhouse, Sokoloff & Yarrow, 1963; Gutmann, 1969), but these research procedures have seldom been adopted for general clinical usage.

Projective tests give a relatively culture free technique of personality assessment while realizing the importance of personal demographic background on test performance (Henry, 1956). Successful utilization in many cross-cultural studies (Gutmann, 1969) and with populations with little education makes projectives more appropriate for use in older populations whose formal education is usually limited and who are over-represented among the ethnic and poor.

### Rorschach

Information concerning inner strengths and weaknesses provided by the Rorschach with older persons recommends its use with the elderly. This technique allows the clinician to focus on individual psychodynamics rather than the stereotype of the aged. Caldwell (1954) maintained that as the focus

of gerontology broadened to include personality research the Rorschach would function as an invaluable investigative tool.

Ames, Metraux, Rodell, and Walker (1973), Klopfer (1974), and Oberleder (1967) have presented the advantages of the use of the Rorschach with the aged. They see the Rorschach as being a relatively non-threatening projective technique. It is a highly ambiguous, unstructured test and its relevance could be misunderstood by the elderly. It also does not require a style of performance that may penalize elderly persons whose speed of response or coordination has decreased and it does not require short term memory. It has been noted by Klopfer (1974) that aged persons may have sight impairments that make it difficult to see the blot and thus there may be poor and vague perceptions. Eisdorfer (1960) looked at the effects of sensory impairment on Rorschach responses in the normal aged. It is interesting to note that hearing loss was related to poor Rorschach scores but that visual impairment was not found to have detrimental effects. In considering the usefulness of this device it is important to look at the skill and training of the examiner. This is especially crucial with the aged who may not readily cooperate with the standard methods of test administration. When administering a projective test battery to the elderly person it is recommended by Ames (1974) to use the Rorschach as an "opener". Based on her extensive experience, she notes that the Rorschach is usually well received and is hardly ever refused by the elderly.

The Rorschach has a defined and generally accepted scoring system. This makes it easier for the norms of older adults to



be reported and placed in context with those of other groups. When interpreting age norms it is important for one to realize that the deviations of the aged from middle age or aged norms are not indicators of maladjustment. In 1974, Exner developed a comprehensive Rorschach scoring method to improve comparability of data gathered in clinical and research use, and to get good reliabilities. There have been no reports of its use with older populations yet.

In earlier studies of institutionalized and community aged, a small number of m, k, K, and Fk responses have been found in these populations (Davidson & Kruglov, 1952; Klopfer, 1974). Klopfer found F% of the aged to be high while color is usually missing. W responses are given more often than D responses. These generalizations are not based on longitudinal or quantified cross-sectional comparisons. Davidson and Kruglov (1952) have found that aged people seem to give a smaller number of responses per card and appear to be less productive on the Rorschach. Klopfer (1974) suggests that this lack of productivity may be a maturational trait rather than a regressive one. It may be viewed as a general "cognitive loadshedding" by the aged. On a sample of 97 women, Caldwell (1954) concludes the meaning of the Rorschach responses are specific and that aspects of perceptual and intellectual functioning mediate the responses of the elderly to the Rorschach. She warns against using correlates of cognitive and perceptual differences as transformations of personality.

Whereas there is an absence of longitudinal research with the TAT, there are several longitudinal studies for the Rorschach, e.g., Ames, 1965 and Muller & LeKihn, 1976. Most of these investigators have used the Rorschach to compare groups of aged patients with various degrees of mental impairments (Ames, et al., 1973).

Developmental differences were mentioned briefly by Rorschach (1942). He indicated that the aged person becomes more stereotypic and more narrowed and loses his ability to use "inner resources." He suggested that the responses of the elderly indicate traits similar to those of demented patients.

Klopfer (1946) in an early study concluded that the aged show a slowing down in the intellectual realm. They found emotions to be either restricted or labile and inner resources to be diminished. Prados and Fried (1947) confirmed Klopfer's conclusions. However, both studies were based on small samples. A 1952 study by Davidson and Kruglov also pointed to age-related decrements.

These investigators have been critiqued by Caldwell (1954) who suggested that the inferences made by the authors concerning age-related decrements rest on a dubious assumption; which is, scoring categories developed for younger groups are as well suited for the elderly. Caldwell raises a critical question, one that has not yet been answered by those doing research using projective measures. One of the major research studies of the aged done by Ames (1960a, 1960b, 1965; Ames et al., 1973) was longitudinal research of 61 older persons above the

age of 70 (Ames, 1960a) describes the total number of responses, in the variety of content categories, in uses of color, in human and animal movement responses were modal changes with increased age. Animal responses were seen to increase with age. These seem to point to a restriction of personality with aging. Cross-sequential research (Ames, 1965) indicates a greater introversiveness of the oldest group at the retest time. After reviewing Ames' work, Chown (1968) suggests that the decline in productivity in responses by older persons may indicate a generalized cognitive decline; nevertheless, the greater introversiveness is apt to mirror a real personality change.

The Rorschach is used with the aged as an assessment of cognitive impairment, although it was originally designed to diagnose varying types of psychopathology. Recently in a review of Rorschach studies by Ames et al. (1973), it was suggested that differential developmental phases result in greater differences in Rorschach scores than do age-differences. Consequently, Ames et al. (1973) used Rorschach score profiles to divide subjects into normal, presenile, and senile groups. They offer charts for division into these categories. No external validation of these categories exists. However, information from Ames' (1974) calibration research using a psychological test battery with institutionalized middle-aged and aged respondents indicate that the Rorschach is the best indicator of developmental stage. When the aged subjects of this study were categorized into subgroups of normal, intact presenile, medium and deteriorated presenile, statistically

significant differences were found in their responses to four other tests: the Color Tree Test, Gessel Incomplete Man Test, Monroe's Visual Test, and the Bender-Gestalt.

Age differences in Rorschach responses of institutionalized elderly show lower intellectual and emotional flexibility of the aged and overall poor functioning of all respondents when compared to adult norms (Grossman, Warshawsky & Hertz, 1951). Other studies of the institutionalized aged by Kuhlen and Kerl (1951) and Chesrow, Wasika, and Reinitz (1949) also reflected intellectual and emotional deterioration. In a longitudinal study of 30 schizophrenics by Muller and LeDinh (1976) they found few age changes other than increases in animal and popular responses as a function of age. In studies comparing the community aged with the institutionalized aged it is found that the community aged more closely pattern the middle-aged response pattern (Klopfer, 1974). These differences between community and institutional aged have also been seen by Ames et al. (1973).

A major obstacle in utilizing the extensive literature on the Rorschach studies of aged persons is that these studies have not controlled for intelligence or institutionalization, thus confounding hypotheses about age-related changes in Rorschach responses (Eisdorfer, 1963; Light & Amick, 1956). Eisdorfer (1963) tried to overcome this obstacle by reviewing responses of forty two well functioning community elderly persons who were volunteers in the Duke Geriatric Studies. Rorschach and WAIS scores were gathered from these subjects. The norms were compared with studies of Ames, et al. (1954),



Chesrow, et al. (1949), Dorken and Kral (1951), and Prados and Fried (1947). The importance of intelligence in determining Rorschach responses of the aged was brought to light in Eisdorfer's study. Those older respondents in the high IQ group (116+) did not significantly differ from younger respondents. Eisdorfer (1963) concludes that Rorschach responses seen as characteristic of disease in aging may well be characteristic of institutional status or poorer cognitive functioning of the elderly.

#### Holtzman Ink Blot Technique

The Holtzman Ink Blot Technique (HIT) which is a variation on the Rorschach has been suggested as useful in assessing reality testing and anxiety as well as impulse control and anger among the aged (Oberleder, 1967). This technique may be particularly useful with the elderly since responses are limited to one per card.

Overall and Gorham (1972) used the HIT in a study to discriminate 300 Veterans Administration domiciliary patients with and without organic brain syndrome. Both the WAIS and the HIT were able to discriminate middle aged and aged patients and those with and without organicity. The patterns due to age were different than those due to organicity. The older group had higher animal responses, but had lower scores on color, shading, anatomy, and barrier responses than did the middle aged group. The chronic brain syndrome group had higher scores on integration and popular responses than did the younger group, but had lower scores of movement, anxiety, and hostility than did the younger age group. These differences

may reflect cognitive rather than psychodynamic differences.

### Draw-A-Person Test

The Draw-A-Person Test (DAP) (Goodenough, 1926; Machover, 1952) is a test of personality and cognitive functioning. When utilized with aged persons it has special advantages and limitations.

Because the directions are simple and verbal skills are not required to complete the test, the DAP has advantages in use with the aged over other tests of cognition and personality. The test requires very little time to complete as compared to the cognition and personality tests. There has often been a reluctance on the part of researchers to use this method with the elderly because they felt that impaired vision and psychomotor abilities would obstruct the psychodynamic picture. However, even blind people have produced figure drawings which demonstrate an articulated body image (Machover, 1952). Through the utilization of the DAP clinicians can learn about sensory and motor problems not usually apparent, and perceptual-motor strengths may be revealed in patients afflicted with motor handicaps.

It is valuable and necessary for clinicians to realize the potential indicators of common physical problems affecting the aged on the DAP. Poor lines and contours and difficulty in fine motor coordination may be a by-product of arthritis. Visual impairments may affect the connection of lines to each other and the correct placement of facial features. The line quality of the figure will be affected by line tremors. The kind and degree of impairment incurred by these various clinical

conditions are often reflected in the drawings. Dynamic explanations would be interpreted with the above conditions kept in mind. Lakin (1960) mentions that certain variables such as area, height, and centeredness of the DAP are not outrightly influenced by sensory-motor impairments in the elderly.

The demands of the DAP are that the subject make an articulated and integrated image of a person. Among the institutionalized aged, the unwillingness or inability to perform this task occurs more frequently than refusal on the Bener-Gestalt test (Kahana, Dvorkin, Pruchno & Zarker, 1977). Refusals to draw a person are revealing. Patients should be reassured and coaxed to try to not worry about results. In extreme cases of reluctance the examiner can show drawings done by others without giving any specific model of a person to the patient. Encouragement and praise are facilitative in eliciting participation on the DAP with reluctant subjects.

The scoring system devised by Goodenough (1926) for intellectual assessment of the DAP is the original and most widely used scoring system. In 1963, Harris restandardized and updated Goodenough's scoring system. Kahana et al. (1977) suggested a revision of the Harris-Goodenough scoring system. Their goal is to increase the reliability of the scoring system and to make it more pertinent for aged persons. They are currently correlating 200 drawings of residents in homes for the elderly with other measures of cognitive functions.

After an extensive review of the research on the DAP, Swenson (1957) concluded that figure drawings by themselves were not sufficiently reliable and did not yield enough data

to describe personality validly.

Jones and Rich (1957) correlated DAP scores using the Goodenough system and height of the figure drawing to Wechsler-Bellevue scores among 40 male residents of homes for the elderly (average age was 78.5 years). A correlation of .65 was found between the Goodenough IQ and Wechsler-Bellevue IQ. This compares favorably to a Goodenough-Binet correlation of .70 among children. The conclusions of this study substantiate the use of the Goodenough scoring system as a quick indicator of intelligence among the elderly. This points to a need to control for intelligence when using the DAP as a personality measure.

The relationship between poor figure drawings and psychological deficits as implied by aged and chronicity was looked at by Strumfer (1953) in 81 institutionalized psychiatric patients. Age was not found to be significantly related to performance on figure drawings. The chronicity of diagnoses revealed highly significant negative correlations with most of the figure drawing variables.

Lakin (1956) examined differences on the DAP between the institutionalized aged and children in the community. Results showed more constricted, shorter and less centered drawings among the institutionalized elderly than among the community children. Developmental factors, illness, and institutional-community differences in this research presented a profound obstacle in interpreting the results of this study. At a later time, Lakin (1960) compared matched samples of community and institutionalized aged. He found it consistent with the



earlier study that the institutionalized elderly revealed more restrictions, shorter, and less centered drawings. It is possible that the institutional setting may elicit this dependency and exacerbate feelings of insignificance.

In a study of institutionalized aged VA patients, Apfeldorf, Randolph, and Whitman (1966) looked at the relationship between figure drawing performance and contact maintained in the community. They found that the centeredness of figures on the DAP was related to the furlough use. This relationship was maintained even when intelligence was controlled for.

In his study of psychological correlates of impending death, Lieberman (1965) observed that there was decreasing complexity over time in figure drawings of the death imminent group while the death delayed group demonstrated no decline or some improvement in the complexity of their drawings.

Wolk (1972) used the DAP as a part of the House-Tree-Person battery for assessing changes in therapy with aged subjects. The potential therapeutic use of self-drawings with the aged has been indicated by Butler and Lewis (1973).

Human figure drawings have been studied among various age groups for differences in cognition and self-concept. Lakin (1956) maintains that changes in the DAP should occur throughout the life cycle as the body image develops and changes over time, cognitive decline should also be evident. Self image as demonstrated by figure drawings was examined by Tuckman, Lorge, and Zeman (1961) in 104 older adults. Results from both community and institutionalized aged found no loss of interactions among the aged. In a study by Gravits (1969)

involving 328 men and 141 women, it was found that there were no sex role differences between middle aged and older subjects. In another study by Gravits (1966) with a larger sample and with a wide age spectrum (17-59) he postulated a trend toward same sex drawings with increasing age. These conclusions back up Wolk's (1972) position that studies using the DAP reveal varied individual differences which are piled onto age and cohort effects. Lorge, et al. (1954) compared figure drawings of self by younger and older persons were seen to be less complete, less well-coordinated and revealed a larger number of bizarre responses than did the drawings of the younger adults. Gilbert and Hall (1962) looked at age differences in a wide age spread (9-91) in Goodenough intelligence ratings. The age differences were very small under the age of 60 with more of a decline seen in the over 60 age group. The drawings of the older adults illustrated more transparencies, fragmentation, and poor motor coordination.

It is interesting to realize that almost all of the evaluative research on the DAP was done in the 50's and 60's. Very little has been done in recent years. Almost all research used the special institutionalized populations. Certain signs of maladjustment on the DAP were discussed by Wolk (1972) and Saarni and Azara (1977). It is important to note that the DAP tasks are not equivalent across the studies reviewed. In some studies they were asked to draw a person (Gilbert & Hall, 1962) and others were asked to draw themselves (Butler & Lewis, 1973; Tuckman, Lorge, & Zeman, 1961).

### Bender-Gestalt Test

The Bender-Gestalt Test (Bender, 1938) has been widely used as a projective and diagnostic device among children and with pathological populations. Its main use has been in assessment of perceptual motor development and perceptual organization, although personality dynamics may be inferred through its use (Hutt, 1969).

Age was reported to be significantly and positively correlated to Bender scores in the original validation sample using the Bender-Gestalt. Using a scoring system devised by Hain (1964) it was reported that it differentiated patients with organic impairment from those with functional psychiatric problems. Oberleder (1967) has recommended that this scoring method be used with the aged, even though it has not been validated for elderly populations. The Pascal-Suttell (1951) scoring system has been utilized with the elderly in research and clinical practice. Due to lack of sufficient inter-rater reliability on Bender drawings of aged individuals, scoring system modifications have been attempted by Kahana et al. (1977). The revised scoring tries to present more consistent objective criteria, such as definable and measurable deviations from angles, rather than ratings of the errors. Errors are classified along a continuum rather than to a present-absent dichotomy.

In studying clinically intact institutionalized aged statistically significant correlations were found by Kral and Wigdor (1963) between Bender scores, hypertension, neurological findings, and Rorschach responses.

Canter and Straumanis (1969) compared the performance of small groups of senile and healthy elderly people on the Bender. Their results showed a significantly greater number of errors by seniles. After drug therapy with cyclandelate, the Bender was used with aged patients (Fine, Lewis, Villalonda & Blakemore, 1970). Liberman's (1965) study of psychological indicators of impending death among institutionalized aged using the Bender-Gestalt Test seemed to be an accurate predictor of impending death. Comparing the death imminent and the death delayed groups over time it was found that those in the death imminent group demonstrated a decline in the quality of Bender reproduction and smaller Bender-Gestalt drawings.

#### Hand Test

The Hand Test (HT) has been used in an exploratory study of personality correlates of aging by Panek, Sterns, and Wagner (1976). The HT is a projective device requiring subjects to give the meaning of hands which are illustrated in different positions on cards. This device is recommended for use with the aged persons because high verbalization and motor control are not required, and administration time is short (about ten minutes). Panek et al. (1976) found that there was a depletion and constriction of personality among the aged sample when compared to younger groups. In a later study by Panek, Wagner, and Avolio (1978) using female subjects ranging from 17 to 72 years of age, the results were consistent with previous findings. When controlled for IQ and education, there is still a significant difference in withdrawal scores



(Panek & Rush, 1979). The depletion and constriction of personality seems to be concomitant with normal aging processes.

### Thematic Apperception Test

The Thematic Apperception Test (TAT) is one of the most widely used projective techniques, both clinically in personality assessment and in social psychological studies of personality (Klopfer, 1974).

In developmental research of the adult personality the TAT has been used (Chown, 1968), but little has been written about the clinical use of the TAT with the aged. It is interesting that none of the previous reviews of the use of the TAT with the aged (Chown, 1968; Schaie & Schaie, 1977) specifically addressed itself to the use of the TAT either for diagnostic or baseline data or for assessment of therapeutic change. Selected TAT cards are usually administered as part of a diagnostic test battery, but there has been no agreement on the choice of TAT cards administered. A brief series of cards have been recommended which have been found to bring forth the highest theme production in comparison with the complete set (Hartman, 1970).

Verbal responses of the aged are usually limited on the TAT. Intact older persons generally only give descriptions of the cards rather than complete stories (Kahana & Kahana, 1968). This is indicative of a certain amount of concreteness in responses to the TAT on the part of the aged. There have been efforts made to develop special TAT cards or instruments which portray themes relevant to the elderly such as Bellak's (1975) Senior Apperception Test and Wolk and

### Wolk's (1970) Geriatric Apperception Test.

Special norms for the elderly do not exist and there is little uniformity in scoring systems used in studies utilizing the TAT. In clinical use qualitative interpretations are usually based on the examiner's experience with the test rather than on comparisons with existing norms.

Studies have tried to find age related changes in personality in normal populations (Chown, 1968). Another group of studies used the TAT to describe and portray personality dynamics such as adaptation (Neugarten and Gutmann, 1968), and adjustment (Britton, 1963). Gutmann (1964) had utilized the TAT in this way in a series of cross-cultural studies. Also, the TAT has been used to predict psychological deterioration after institutionalization (Lieberman & Caplan, 1970). Some have also attempted to use the TAT to measure the impact of intervention programs (Kahana & Kahana, 1970).

The TAT functions on the principle of projecting one's own personal meaning onto the presumably neutral stimuli. Three TAT cards (6BM, 7BM, and 10) were used by Britton (1963) with a normal community-living rural elderly population. Adequacy in initiating action, self-confidence, intellectual functioning, and interpersonal acceptance were the terms by which the older hero was rated. (Interjudge agreements on the total ratings of 23 subjects were, respectively, .83, .93, and .98). The TAT adjustment scores found in this way were significantly correlated with the evaluations of the individual by community members. Those older persons who were regarded highly by others displayed competence and self-assurance

on the TAT. This finding can be viewed as validating the utilization of the TAT as a measurement of adjustment among the elderly.

It was found by Lieberman and Caplan (1970) that the TAT was sensitive to the declining processes that occurred before the death of the institutionalized elderly. Shrut (1958) found the TAT to be a good indication of attitude towards death. In numerous studies concerning the aged, time orientation has been measured using past, present, and future oriented stories on the TAT (Fink, 1957; Postrema, 1970). It was found that the institutionalized aged were less concerned with the future than the community aged (Fink, 1957). Also found was that older people (aged 61-76 years) displayed greater interest in the past than did the younger ones (aged 50-60).

Neugarten and Gutmann's (1968) study of personality changes with aging based on TAT responses of normal older adults suggested that the aged perceive the environment as more difficult to master and give less importance to affective needs than do middle-aged adults. In earlier research Rosen and Neugarten (1960) used the TAT and found a decline in affect and energy with old age. Need achievement was found to decrease with age among and need affiliation and need for power to decrease with age among women by Veroff, Atkinson, Feld, and Gurlin (1960) in a national sample with an age span of 21 to 65.

A set of adaptive typologies was developed by Gutmann (1969) which was based on a number of cross-cultural studies which used the TAT. He categorized the responses of the aged

as reflecting: 1) active mastery; 2) achievement doubt; 3) adaptive retreat; 4) fixed conformity; and 5) defective coping. A general withdrawal from environmental mastery with increasing age was noted by Gutmann. The modification of the TAT by Gutmann serves as a measure of three styles of adapting to the environment: active, passive, and magical. The active style refers to an active assertive role of coping with the environment. A retreat from an active part in the outside world and from aggressiveness and self-assertiveness is referred to as the passive style. The magical category includes responses in which there are gross distortions and misinterpretations of stimuli which mirror misperceptions of the world and ego regression. Although this was interpreted as an indicator of psychological disengagement, it also gives an index of environmental coping styles and adaptational abilities (Gutmann, 1975).

Gutmann (1976) gives detailed norms on three TAT cards scored for coping styles in a review of research from Kansas City involving Lowland and Highland Maya and Navajo aged Indians. Interview data revealed that older men among the Navajo and Maya Indians are happier when they are visited by relatives, hearing pleasing music, and seeing a beautiful scene. Longitudinal research of Navajo and Druze subjects indicated that there is a change from the active to passive coping mode as the individual ages (Gutman, 1976).

Assessment of the effects of therapeutic intervention with the aged using the TAT has been done by only a few studies. Kahana and Kahana (1970) in their experimental study on the



effects of age integration versus age segregation in a hospital environment found more affective expression and interaction displayed in TAT responses of patients who were placed in age integrated wards as opposed to those in age segregated wards. These results correlate with improvements indicated with other methods.

Several adaptations from the TAT have been designed for specific use with the aged. The adaptations include the GAT (Wolk, 1972) and the SAT (Bellak, 1975).

#### Gerontological Apperception Test

The GAT (Wolk, 1972) was constructed to compensate for the weakness in existing apperception measures which show younger individuals and activities. The GAT was focused on eliciting themes and concerns unique to the older person, such as physical limitations, loss of attractiveness and sexuality, and family problems. It uses 14 specially constructed scenes, each showing an older person in a situation relevant to the elderly. The instructions for administration and interpretation are the same as those of the TAT.

It has not been clearly shown by research whether specially designed cards elicit significantly more revealing responses from the elderly than do the traditional TAT cards. The utility of the GAT in assessing personality dynamics of community and institutionalized older persons with various degrees of cognitive impairment was studied by Traxler, Swiener, and Rogers (1974). They discovered that the elderly did not respond more readily to the GAT and that the GAT revealed only

surface aspects of the personality. Fitzgerald, Pasewark, and Fleischer (1974) found that the GAT was more successful in bringing forth responses from normal older persons than the TAT only in the realm of physical limitations. Also, Pasewark, Fitzgerald, Dexter, and Cangemi (1976) in another study noted that the contents of the themes elicited by the GAT and TAT did not differ significantly among adolescent, middle-aged, and normal elderly populations.

#### Senior Apperception Test.

The SAT (Bellak, 1975) is a projective which provides an analysis of fantasy, of needs, of coping, of psychodynamic conflicts, and of styles of adapting and defenses. Bellak (1975) describes the SAT as a technique rather than a measure because it relies more heavily on idiographic methods of personality study than on normative data. The data is used by the clinician to develop an illustration of complex interrelationships. This test is composed of 16 scenes showing elderly people alone or with others in various situations. The stimulus cards illustrated diverse interpersonal scenes showing change and requiring adjustment and depicting negative feelings and conflict, as well as portraying deprivations of old age. These cards reflect significant potential concerns of the aged as seen by the author derived from his clinical experience and literature review. The scenes depicted are broad and vague and encourage the subject to project his own fantasies, anxieties, and conflicts into the stories and to reveal the individual's style of coping and handling of problems. Bellak utilized pictures which have sufficient

stimulus pull to bring out stories of substantial length and scenes which would elicit common themes so that deviations could be picked out.

Bellak based his data on the SAT on responses from 100 subjects (46 males, 54 females, aged 65-84 years) of varying socio-economic classes. In his book he cited four unpublished pilot studies of elderly people aged 60-85 years, with an N of 12-20 each. These are compared with similar subsamples of college students. The unpublished studies reported by Bellak support the utility of the SAT with elderly populations and its sensitivity to age differences.

On the basis of the review of the literature, there is a strong need for the ~~construction of an instrument designed~~ specifically for use with the aged. Such an instrument would allow the clinician to offer more specialized treatment for geriatric clients. It is also important that the already existing devices be further researched so that their effectiveness and potential can be maxi-mized for the elderly population. This study served this purpose by investigating the themes generated by the aged in response to the SAT.

### Chapter III

#### Method

##### Subjects.

Subjects were 40 institutional-living male and female volunteers from seven nursing homes in the central Illinois region. They ranged in age from 61 to 97 years (mean age = 78.4 years). There were 20 females (mean age = 78.6 years, S.D. = 8.3 years) and 20 males (mean age = 78.1 years, S.D. = 10.4 years).

All participants were volunteers solicited from seven nursing homes; the total resident population was approximately 650 individuals. All volunteers were screened to exclude individuals with: 1) cognitive impairments, or 2) any gross auditory visual and/or tactile impairment.

##### Materials.

The materials used were Bellak's (1975) SAT and the Mental Status Questionnaire (MSQ) (Kahn, Pollack & Goldfarb, 1973). The SAT is a projective technique which provides an analysis of fantasy, of needs, of coping, of psychodynamic conflicts, and of styles of adapting and defenses. It consists of 16 scenes showing elderly people alone or with others in various situations. The MSQ (See Appendix A) is a series of ten questions designed to discriminate between severe and moderate mental impairment.

##### Procedure

Each subject was individually given the MSQ (Kahn, et. al., 1973). Only those with a score of less than or equal to two on the MSQ were administered the SAT according to Bellak's

(1975) standardized instructions given by the author (NAS).

All scoring (See Appendix B for scoring criterion) was done by a doctoral level clinical psychologist<sup>1</sup> and a graduate student (NAS) in clinical psychology. In those cases where the two judges did not agree, another doctoral level clinical psychologist<sup>2</sup> made the final rating decisions. Inter-rater reliability was 89% for the 733 judgments for theme categories and 95% for the 640 judgments regarding theme outcome and tenor.



## Chapter IV

### Results

Tables 1 through 16 indicate the content of themes, the outcome of each theme, and the general tenor generated by each of the 16 SAT stimulus cards. Table 17 is an overall analysis of themes, outcome, and tenor for all the cards together. Although the majority of stories were brief and somewhat descriptive in nature, there were predominant themes elicited from various cards.

Dominance was the most frequently used theme on card 1, accounting for 33% of the themes elicited for that card. Males told stories that elicited this theme more frequently than did females, 41% and 26%, respectively. Affiliation was also a predominant theme (27%). Again there was a divergence between the sexes, males with 18% and females with 35%. Other themes elicited were descriptive (16%), physical limitations (9%), family difficulties (4%), loss of attractiveness (2%), nurturance (2%), oral (2%), reference to age (2%), and religious concerns (2%). The outcome was predominantly ambivalent (52%) and the tenor was neutral (72%).

The predominant theme for card 2 was financial concern (55%). Many themes were also descriptive (29%), followed by dominance (5%), loneliness (5%), affiliation (2%), nurturance (2%), and physical limitations (2%). The outcome was divided between pessimistic (55%) and ambivalent (40%).

There was total agreement between the males and females in regard to the outcome. The tenor was split between unhappy (52%) and neutral (45%).

Card 3's main themes were dependency (31%) and nurturance (29%). In both themes these themes were more frequently elicited by men (39%). Women were more descriptive (19%) than were the men (4%). Other themes included physical limitations (13%), affiliation (7%), aggression (2%), dominance (2%), harmavoidance (2%), loss of attractiveness (2%), and reference to age (4%). Outcomes were optimistic (50%) and ambivalent (40%). Neutral (60%) was the predominant tenor.

Affiliation (65%) was card 4's major theme, with males accounting for 76% and females 56% of the frequency. Nurturance (15%) was also tapped with a large, yet stereotypical, female-male divergence: females made up 24% and males, 5%. Other themes were descriptive (13%), aggression (2%), disapproval (2%), and religious concerns (2%). The outcome was primarily optimistic (72%) and neutral in tenor (57%).

The predominant theme for card 5 was affiliation (62%). Eighteen percent of the themes were descriptive, followed by 7% loneliness, 5% physical limitations and sentience, 2% nurturance, and reference to age 2%. The outcome was divided between optimistic (55%) and ambivalent (40%), while the tenor was predominantly neutral (77%).

Card 6 brought out dependency as its major theme (70%). Descriptive themes made up 11% of the themes, followed by affiliation (2%), family difficulties (2%), loneliness (6%), physical limitations (4%), and reference to age (4%). The major outcome was ambivalent (50%), and the tenor was neutral (70%).

Card 7's predominant theme was one of leaving home (77%). Physical limitations (12%) were also elicited, as were descriptive (6%), dependency (2%), and nurturance (2%) content themes. Ambivalence (55%) was the outcome and neutral (67%) was the predominant tenor.

In card 8 physical limitations (60%) were the most frequent theme. Other themes were descriptive (28%), nurturance (5%), reference to age (4%), anger (2%), and disapproval (2%). The predominant outcome for this card was ambivalent (65%) and the tenor was neutral (87%).

Affiliation (42%) was the major theme elicited with card 9. Loss of sexuality (33%) was also a frequent theme with men having given 43% of the responses and women 25% of the responses. Also brought out was aggression (6%), nostalgia (5%), loneliness (3%) and separation (3%). Optimism (52%) was the major outcome and the tenor was happy (52%).

The predominant theme for card 10 was that of physical limitations (85%). Other themes elicited were loneliness (4%), dependency (2%), descriptive (2%), loss of attractiveness (2%), social criticism of nursing homes (2%) and



suicide (2%). The majority of responses indicated that the outcome was pessimistic (60%) and the tenor was neutral (60%).

The need for achievement (38%) and affiliation (36%) were the major themes elicited by card 11. Nine per cent of the responses were scored as descriptive, followed by dependency (4%), financial concerns (3%), loss of sexuality (3%), social criticism of nursing homes (3%), family difficulties (1%), nurturance (1%), and sentience (1%). Ambivalent (62%) was the outcome and the tenor was neutral (67%).

Card 12 has a number of diverse themes. Loneliness (18%), grief (18%), and dependency (14%) were the predominant themes. There is a divergence between sexes with regard to grief, as males responded with this theme 9% of the time while females responded with it in 24% of their responses. Other content themes elicited were descriptive (12%), physical limitations (10%), family difficulties (8%), religious concerns (6%), separation (4%), harm-avoidance (2%), nostalgia (2%), and reference to age (2%). The predominant response to outcome was pessimistic (75%), and the tenor was unhappy (85%).

The most common response to card 13 involved travel (78%). Other themes elicited were dependency (13%), financial concerns (4%), leaving home (4%), loneliness (4%), and affiliation (2%). Ambivalent (70%) was the major outcome and the tenor was neutral (87%).

Card 14 elicited physical limitations(77%) as its major content theme. Seventeen percent of the responses were descriptive, while 2% were scored as aggression, loneliness, and suicide. The responses indicated ambivalence (82%) to be the major outcome and neutral (87%) to be the predominant tenor.

Affiliation (62%) was the predominant theme for card 15. Other themes elicited were loss of sexuality (10%), disapproval (7%), dependency (5%), reference to age (5%), social criticism of nursing homes (5%), approval (2%), harmavoidance (2%), loss of attractiveness (2%), nostalgia (3%), and physical limitations (2%). The predominant response to the outcome was optimistic (70%) and to the tenor was happy (62%).

One-fourth of the themes elicited by card 16 were scored as nostalgia. Other content themes were affiliation (16%), descriptive (11%), reference to age (11%), and sentience (11%). In regard to affiliation, the male responses made up 25% while the female responses made up 7% of the total. Also elicited were dependency (2%), financial concerns (2%), grief (2%), loneliness (4%), loss of sexuality (5%), and religious concerns (5%). The outcome response is split between optimism (37%) and ambivalence (50%), while the tenor was divided between happy (37%) and neutral (45%).

In summarizing the total response for all 16 cards taken together, affiliation was the most elicited content

theme, accounting for 26% of the total responses. Also predominant was the theme of physical limitations (19%). Twelve percent of all the responses were descriptive, followed by dependency (10%), leaving home (5%), loss of sexuality (5%), and travel (5%). The overall outcome was ambivalent (46%) and the tenor was neutral (60%). There seems to be no consistent pattern of sex differences with reference to content themes, outcome, and tenor.

Table 1

## Frequency Analysis of Card 1

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	4	.18	8	.35	12	.27
Aggression						
Anger						
Approval						
Dependency						
Descriptive	4	.18	3	.13	7	.16
Disapproval						
Dominance	9	.41	6	.26	15	.33
Family	1	.05	1	.04	2	.04
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness						
Loss of	1	.05	-	-	1	.02
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	-	-	1	.04	1	.02
Oral	-	-	1	.04	1	.02
Passivity						
Physical	2	.09	2	.09	4	.09
Limitations						
Reference	-	-	1	.04	1	.02
to Age						
Religious	1	.05	-	-	1	.02
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	4	.20	6	.30	10	.25
Pessimistic	4	.20	5	.25	9	.225
Ambivalent	12	.60	9	.45	21	.525
Tenor						
Happy	2	.10	3	.15	5	.125
Unhappy	3	.15	3	.15	6	.15
Neutral	15	.75	14	.70	29	.725

Table 2  
Frequency Analysis of Card 2

Themes	Male		Female		Combined	
	Total	%	Total	%	Total	%
Response			Response		Response	
Affiliation	1	.05	-	-	1	.02
Aggression						
Anger						
Approval						
Dependency						
Descriptive	5	.24	7	.33	12	.29
Disapproval						
Dominance	1	.05	1	.05	2	.05
Family						
Difficulties						
Financial	13	.62	10	.48	23	.55
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	-	-	2	.10	2	.05
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	-	-	1	.05	1	.02
Oral						
Passivity						
Physical	1	.05	-	-	1	.02
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	1	.05	1	.05	2	.05
Pessimistic	11	.55	11	.55	22	.55
Ambivalent	8	.40	8	.40	16	.40
Tenor						
Happy	-	-	1	.05	1	.025
Unhappy	9	.45	12	.60	21	.525
Neutral	11	.55	7	.35	18	.45



Table 3

## Frequency Analysis of Card 3

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	1	.04	3	.11	4	.07
Aggression	-	-	1	.04	1	.02
Anger						
Approval						
Dependency	11	.39	6	.22	17	.31
Descriptive	1	.04	5	.19	6	.11
Disapproval						
Dominance	-	-	1	.04	1	.02
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance	-	-	1	.04	1	.02
Leaving Home						
Loneliness						
Loss of	1	.04	-	-	1	.02
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	11	.39	5	.19	16	.29
Oral						
Passivity						
Physical	2	.07	5	.19	7	.13
Limitations						
Reference	1	.04	-	-	1	.04
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	9	.45	11	.55	20	.50
Pessimistic	3	.15	1	.05	4	.10
Ambivalent	8	.40	8	.40	16	.40
Tenor						
Happy	5	.25	6	.30	11	.275
Unhappy	3	.15	2	.10	5	.125
Neutral	12	.60	12	.60	24	.60

Table 4

## Frequency Analysis of Card 4

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	16	.76	14	.56	30	.65
Aggression	1	.05	-	-	1	.02
Anger						
Approval						
Dependency						
Descriptive	2	.09	4	.16	6	.13
Disapproval	-	-	1	.04	1	.02
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness						
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	1	.05	6	.24	7	.152
Oral						
Passivity						
Physical						
Limitations						
Reference						
to Age						
Religious	1	.05	-	-	1	.02
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	14	.70	15	.75	29	.725
Pessimistic	3	.15	-	-	3	.075
Ambivalent	3	.15	5	.25	8	.20
Tenor						
Happy	6	.30	9	.45	15	.375
Unhappy	2	.10	-	-	2	.05
Neutral	12	.60	11	.55	23	.575

Table 5  
Frequency Analysis of Card 5

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	18	.64	20	.61	38	.62
Aggression						
Anger						
Approval						
Dependency						
Descriptive	6	.21	5	.15	11	.18
Disapproval						
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	2	.07	2	.06	4	.07
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	1	.04	-	-	1	.02
Oral						
Passivity						
Physical	1	.04	2	.06	3	.05
Limitations						
Reference	-	-	1	.03	1	.02
to Age						
Religious						
Concerns						
Sentience	-	-	3	.09	3	.05
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	11	.55	11	.55	22	.55
Pessimistic	-	-	2	.10	2	.05
Ambivalent	9	.45	7	.35	16	.40
Tenor						
Happy	3	.15	5	.25	8	.20
Unhappy	-	-	1	.05	1	.025
Neutral	17	.85	14	.70	31	.775

Table 6

## Frequency Analysis of Card 6

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	-	-	1	.05	1	.025
Aggression						
Anger						
Approval						
Dependency	17	.68	16	.76	33	.70
Descriptive	2	.08	3	.12	5	.11
Disapproval						
Dominance						
Family						
Difficulties						
Financial	-	-	1	.05	1	.025
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	3	.12	-	-	3	.06
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance						
Oral						
Passivity						
Physical	2	.08	-	-	2	.04
Limitations						
Reference	1	.04	-	-	1	.025
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	3	.15	6	.30	9	.225
Pessimistic	6	.30	5	.25	11	.275
Ambivalent	11	.55	9	.45	20	.50
Tenor						
Happy	1	.05	1	.05	2	.05
Unhappy	4	.20	6	.30	10	.25
Neutral	15	.75	13	.65	28	.70

Table 7  
Frequency Analysis of Card 7

Themes	Male		Female		Combined	
	Total	%	Total	%	Total	%
Response			Response		Response	
Affiliation						
Aggression						
Anger						
Approval						
Dependency	1	.04	-	-	1	.02
Descriptive	2	.08	1	.04	3	.06
Disapproval						
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home	18	.72	19	.83	37	.77
Loneliness						
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	-	-	1	.04	1	.02
Oral						
Passivity						
Physical	4	.16	2	.09	6	.125
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	2	.10	2	.10	4	.10
Pessimistic	5	.25	9	.45	14	.35
Ambivalent	13	.65	9	.45	22	.55
Tenor						
Happy	-	-	1	.05	1	.025
Unhappy	4	.20	8	.40	12	.30
Neutral	16	.80	11	.55	27	.675



Table 8

## Frequency Analysis of Card 8

Themes	Male		Female		Combined	
	Total	%	Total	%	Total	%
Response			Response		Response	
Affiliation						
Aggression						
Anger	-	-	1	.04	1	.02
Approval						
Dependency						
Descriptive	8	.28	8	.29	16	.28
Disapproval	1	.03	-	-	1	.02
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness						
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance	-	-	3	.11	3	.05
Oral						
Passivity						
Physical	18	.62	16	.57	34	.60
Limitations						
Reference	2	.07	-	-	2	.04
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	2	.10	2	.10	4	.10
Pessimistic	4	.20	6	.30	10	.25
Ambivalent	14	.70	12	.60	26	.65
Tenor						
Happy	-	-	1	.05	1	.025
Unhappy	1	.05	3	.15	4	.10
Neutral	19	.95	16	.80	35	.875

Table 9

## Frequency Analysis of Card 9

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	13	.43	15	.42	28	.42
Aggression	1	.03	3	.08	4	.06
Anger						
Approval						
Dependency	-	-	1	.03	1	.015
Descriptive						
Disapproval	-	-	1	.03	1	.015
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	1	.03	1	.03	2	.03
Loss of						
Attractiveness						
Loss of	13	.43	9	.25	22	.33
Sexuality						
Need for						
Achievement						
Nostalgia	1	.03	2	.06	3	.05
Nurturance	-	-	1	.03	1	.015
Oral						
Passivity	-	-	1	.03	1	.015
Physical						
Limitations						
Reference	1	.03	-	-	1	.015
to Age						
Religious						
Concerns						
Sentience						
Separation	-	-	2	.06	2	.03
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	13	.65	8	.40	21	.525
Pessimistic	1	.05	2	.10	3	.075
Ambivalent	6	.30	10	.50	16	.40
Tenor						
Happy	11	.55	10	.50	21	.525
Unhappy	2	.10	3	.15	5	.125
Neutral	7	.35	7	.35	14	.35

Table 10

## Frequency Analysis of Card 10

Themes	Male Total Response	%	Female Total Response	%	Combined Total Response	%
Affiliation						
Aggression						
Anger						
Approval						
Dependency	-	-	1	.04	1	.02
Descriptive	1	.05	-	-	1	.02
Disapproval						
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	-	-	2	.08	2	.04
Loss of	-	-	1	.04	1	.02
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance						
Oral						
Passivity						
Physical	18	.90	20	.80	38	.85
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-	-	-	1	.04	1	.02
icism of						
Nursing Homes						
Suicide	1	.05	-	-	1	.02
Travel						
Outcome						
Optimistic	2	.10	1	.05	3	.075
Pessimistic	10	.50	14	.70	24	.60
Ambivalent	8	.40	5	.25	13	.325
Tenor						
Happy	-	-	1	.05	1	.025
Unhappy	6	.30	9	.45	15	.375
Neutral	14	.70	10	.50	24	.60

Table 11

## Frequency Analysis of Card 11

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	12	.32	13	.41	25	.36
Aggression						
Anger						
Approval						
Dependency	2	.05	1	.03	3	.04
Descriptive	4	.11	2	.06	6	.09
Disapproval						
Dominance						
Family	-	-	1	.03	1	.01
Difficulties						
Financial	1	.03	1	.03	2	.03
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness						
Loss of						
Attractiveness						
Loss of	2	.05	-	-	2	.03
Sexuality						
Need for	14	.38	12	.38	26	.38
Achievement						
Nostalgia						
Nurturance	1	.03	-	-	1	.01
Oral						
Passivity						
Physical						
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience	1	.03	-	-	1	.01
Separation						
Social Crit-	1	.03	1	.03	2	.03
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	5	.25	5	.25	10	.25
Pessimistic	3	.15	2	.10	5	.125
Ambivalent	12	.60	13	.65	25	.625
Tenor						
Happy	5	.25	1	.05	6	.15
Unhappy	3	.15	4	.20	7	.175
Neutral	12	.60	15	.75	27	.675

Table 12

## Frequency Analysis of Card 12

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	1	.05	1	.03	2	.04
Aggression						
Anger						
Approval						
Dependency	3	.14	4	.14	7	.14
Descriptive	4	.18	2	.07	6	.12
Disapproval						
Dominance						
Family	3	.14	1	.03	4	.08
Difficulties						
Financial	1	.05	-	-	1	.02
Concerns						
Grief	2	.09	7	.24	9	.18
Harmavoidance	1	.05	-	-	1	.02
Leaving Home						
Loneliness	3	.14	6	.21	9	.18
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia	-	-	1	.03	1	.02
Nurturance						
Oral						
Passivity						
Physical	2	.09	3	.10	5	.10
Limitations						
Reference	-	-	1	.03	1	.02
to Age						
Religious	1	.05	2	.07	3	.06
Concerns						
Sentience						
Separation	1	.05	1	.03	2	.04
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
Outcome						
Optimistic	2	.10	-	-	2	.05
Pessimistic	14	.70	16	.80	30	.75
Ambivalent	4	.20	4	.20	8	.20
Tenor						
Happy	1	.05	-	-	1	.025
Unhappy	17	.85	17	.85	34	.85
Neutral	2	.10	3	.15	5	.125



Table 13

## Frequency Analysis of Card 13

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	-	-	1	.04	1	.02
Aggression						
Anger						
Approval						
Dependency	4	.15	3	.12	7	.13
Descriptive						
Disapproval						
Dominance						
Family						
Difficulties						
Financial	2	.08	-	-	2	.04
Concerns						
Grief						
Harmavoidance						
Leaving Home	1	.04	1	.04	2	.04
Loneliness	1	.04	1	.04	2	.04
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance						
Oral						
Passivity						
Physical						
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience						
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel	18	.70	20	.77	38	.73
Outcome						
Optimistic	5	.25	4	.20	9	.225
Pessimistic	1	.05	2	.10	3	.075
Ambivalent	14	.70	14	.70	28	.70
Tenor						
Happy	1	.05	1	.05	2	.05
Unhappy	2	.10	1	.05	3	.075
Neutral	17	.85	18	.90	35	.875

Table 14

## Frequency Analysis of Card 14

Themes	Male Total Response	%	Female Total Response	%	Combined Total Response	%
Affiliation						
Aggression	1	.05	-	-	1	.02
Anger						
Approval						
Dependency						
Descriptive	4	.20	3	.14	7	.17
Disapproval						
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance						
Leaving Home						
Loneliness	-	-	1	.05	1	.02
Loss of						
Attractiveness						
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia						
Nurturance						
Oral						
Passivity						
Physical	15	.71	17	.81	32	.77
Limitations						
Reference						
to Age						
Religious						
Concerns						
Sentience						
Separation						
Social Crit-						
icism of						
Nursing Homes						
Suicide	1	.05	-	-	1	.02
Travel						
Outcome						
Optimistic	1	.05	-	-	1	.025
Pessimistic	2	.10	4	.20	6	.15
Ambivalent	17	.85	16	.80	33	.825
Tenor						
Happy	-	-	-	-	-	-
Unhappy	1	.05	4	.20	5	.125
Neutral	19	.95	16	.80	35	.875

Table 15

## Frequency Analysis of Card 15

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	18	.60	19	.63	37	.62
Aggression						
Anger						
Approval	1	.03	-	-	1	.02
Dependency	-	-	3	.10	3	.05
Descriptive						
Disapproval	3	.10	1	.03	4	.07
Dominance						
Family						
Difficulties						
Financial						
Concerns						
Grief						
Harmavoidance	-	-	1	.03	1	.02
Leaving Home						
Loneliness						
Loss of	1	.03	-	-	1	.02
Attractiveness	4	.14	2	.06	6	.10
Loss of						
Sexuality						
Need for						
Achievement						
Nostalgia	1	.03	1	.03	2	.03
Nurturance						
Oral						
Passivity						
Physical	1	.03	-	-	1	.02
Limitations						
Reference	1	.03	2	.06	3	.05
to Age						
Religious						
Concerns						
Sentience						
Separation	-	-	3	.10	3	.05
Social Crit-						
icism of						
Nursing Homes						
Suicide						
Travel						
<u>Outcome</u>						
Optimistic	15	.75	13	.65	28	.70
Pessimistic	2	.10	-	-	2	.05
Ambivalent	3	.15	7	.35	10	.25
<u>Tenor</u>						
Happy	13	.65	12	.60	25	.625
Unhappy	1	.05	3	.15	4	.10
Neutral	6	.30	5	.25	11	.275

Table 16

## Frequency Analysis of Card 16

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	7	.25	2	.07	9	.16
Aggression						
Anger						
Approval						
Dependency	1	.03	-	-	1	.02
Descriptive	4	.14	2	.07	6	.11
Disapproval						
Dominance						
Family						
Difficulties						
Financial	-	-	1	.04	1	.02
Concerns						
Grief	-	-	1	.04	1	.02
Harmavoidance						
Leaving Home						
Loneliness	-	-	2	.07	2	.04
Loss of						
Attractiveness						
Loss of	1	.03	2	.07	3	.05
Sexuality						
Need for						
Achievement						
Nostalgia	9	.31	5	.18	14	.25
Nurturance	1	.03	-	-	1	.02
Oral						
Passivity						
Physical	-	-	3	.11	3	.05
Limitations						
Reference to	3	.10	3	.11	6	.11
Age						
Religious	2	.07	1	.04	3	.05
Concerns						
Sentience	1	.03	5	.18	6	.11
Separation						
Social Criticism of						
Nursing Homes						
Suicide						
Travel	-	-	1	.04	1	.02
Outcome						
Optimistic	9	.45	6	.30	15	.375
Pessimistic	1	.05	4	.20	5	.125
Ambivalent	10	.50	10	.50	20	.50
Tenor						
Happy	9	.45	6	.30	15	.375
Unhappy	1	.05	6	.30	7	.175
Neutral	10	.50	8	.40	18	.45

Table 17

## Frequency Analysis of All Cards Combined

Themes	Male		Female		Combined	
	Total Response	%	Total Response	%	Total Response	%
Affiliation	91	.25	97	.26	188	.26
Aggression	3	.01	4	.01	7	.01
Anger	-	-	1	.002	1	.001
Approval	1	.003	-	-	1	.001
Dependency	39	.11	35	.09	74	.10
Descriptive	43	.12	43	.12	86	.12
Disapproval	4	.01	3	.008	7	.009
Dominance	10	.03	8	.02	18	.02
Family	4	.01	3	.008	7	.009
Difficulties						
Financial	17	.05	13	.03	30	.04
Concerns						
Grief	2	.005	8	.02	10	.015
Harmavoidance	1	.003	2	.005	3	.004
Leaving Home	18	.05	19	.05	37	.05
Loneliness	10	.03	19	.05	29	.04
Loss of	3	.01	1	.002	4	.005
Attractiveness						
Loss of	20	.06	13	.04	33	.05
Sexuality						
Need for	14	.04	12	.03	26	.04
Achievement						
Nostalgia	11	.03	9	.02	20	.03
Nurturance	15	.04	18	.05	33	.05
Oral	-	-	1	.002	1	.001
Passivity	-	-	1	.002	1	.001
Physical	66	.18	70	.19	136	.19
Limitations						
Reference	9	.02	8	.02	17	.02
to Age						
Religious	5	.01	3	.008	8	.01
Concerns						
Sentience	2	.005	8	.02	10	.015
Separation	1	.003	6	.016	7	.009
Social Crit-	1	.003	2	.005	3	.004
icism of						
Nursing Homes						
Suicide	2	.005	-	-	2	.003
Travel	18	.05	21	.06	39	.05
Outcome						
Optimistic	99	.31	91	.28	190	.30
Pessimistic	70	.22	83	.26	153	.24
Ambivalent	151	.47	146	.46	297	.46
Tenor						
Happy	57	.175	58	.18	115	.18
Unhappy	59	.185	82	.26	141	.22
Neutral	204	.64	180	.56	384	.60



## Chapter V

### Discussion

Kahana and Kahana (1968) found in their research with the TAT that the intact older person generally only gave descriptions. In this study with institutionalized intact aged people, descriptions comprised 12% of their responses. Responses were also short, with the average length around 28 words per card, and the average length of administration for 16 cards around 50 minutes. Bellak (1975) received an average length of 112 words per card in his original study with the SAT. The discrepancy between these two studies may be accounted for in various ways. First of all, motivation to take part in this study may have been low since no tangible rewards were used. The social contact with the examiner seemed to be important to the participants but the test itself held no particular interest to them. This need and appreciation of social contact is reflected in the large number of affiliation themes generated by the subjects. It is also possible that the institutionalized setting was not conducive to much self-expression. Kahana and Kahana (1970) found that in age-integrated wards there was more affective expression than was found in age-segregated wards. This has implications for the geriatric institution. Perhaps if people of all ages were socializing within the institution on a regular basis there would not be the tendency for the decreasing affective expression due to an age-segregated institution, as was the present population.

Clinicians working with aged persons may find various cards useful in probing specific subject areas. For instance, if affiliation was the subject to be probed, the clinician would use any of the following cards: 4, 5, 9, 11, or 15. The need for achievement is brought out in card 11. The realities of physical limitations are tapped with cards 8, 10, and 14. Card 6 brings out the need to be dominant. Financial concerns are probed by card 2. The fear of leaving one's home can be looked at with card 7. In addition, the stories told in response to the SAT can be a useful guide to the elderly person's manifest concerns about getting along with peers and family, about health, or entering a nursing home.

Using an institutionalized population raises many research questions: does the institutional setting account for the brief response pattern? Is there poorer cognitive functioning within an institution as opposed to the geriatric population living in the community? Does living in an institution elicit a need to be more dependent or to be more dominant? For example, the present study suggests dependency to be a greater need, but research should investigate whether dominance is not allowed in an institutional setting, or whether it is an age-related theme. The present study suggests that affiliation is a predominant need among the institutionalized elderly. Is this true of just the elderly or of all age groups that are institutionalized? A cross-sectional study

with the SAT could compare the need for affiliation in adolescents, young and middle-aged adults, as well as the elderly. Another study could compare the themes generated by the institutionalized elderly with those living in the community. Future research should also investigate the actual needs of the elderly as compared with the needs that are elicited by the SAT stimulus cards.

Footnotes

<sup>1</sup>Senior Apperception Test protocols were scored blind by

Dr. James E. Kantner

<sup>2</sup>All final scoring decisions were made by Dr. Paul E.

Panek

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APPENDIX A

## MENTAL STATUS QUESTIONNAIRE

1. Where are we now?
2. Where is this place?
3. What is today's date?
4. What month is it?
5. What year is it?
6. How old are you?
7. When is your birthday (month)?
8. What year were you born in?
9. Who is the President of the United States?
10. Who was President before him?

Score: \_\_\_\_\_

0-2 CBS absent or mild

3-8 CBS moderate

9-10 CBS severe

CBS-Chronic Brain Syndrome



APPENDIX B

## Criterion for Scoring

- Affiliation: enjoys being with family and friends,  
maintains an association with a person, e.g.,  
"ladies sitting around in a nursing home talking."
- Aggression: seeks an argument, easily annoyed, exhibiting  
an aggressive behavior, e.g., "a couple of love  
birds quarelling," "he's slapping the old lady."
- Anger: e.g., "this is anger."
- Approval: expressing approval, e.g., "old people are  
dancing with the young people, they seem to be en-  
joying themselves."
- Dependency: e.g., "this reminds me of one of the cry-  
babies here, when their husbands are around they  
are alright," "she's waiting for a call."
- Descriptive: e.g., "here's a phone, she's going to make  
a call," "this guy is putting the spice jar on the  
shelf."
- Disapproval: expression of any kind of disapproval,  
e.g., "here's an old man dancing with a young girl,  
the mother doesn't approve, and the father doesn't  
approve of his wife dancing with a young man."
- Dominance: an attempt to control the environment, to  
influence or direct others around, e.g., "looks  
like they are trying to talk the one in the middle  
into doing something," "two of these women are try-  
ing to convince the other women to do something."

Family Difficulties: e.g., "she's crying about something, probably about a family problem, its kind of serious," "she's had some bad news about her daughter and son."

Financial Concerns: e.g., "they are wishing for some of that, but that's awfully high priced, the prices are too high for them," "they're looking wishfully at the food that they can't buy," "she's dreaming about pay day."

Grief: any expression of grief, e.g., "she's just a lonely person, bereaved, maybe just recently," "she is grieving because she is all alone."

Harmavoidance: staying away from an activity, does not enjoy exciting activities, e.g., "they are dancing, I've never danced, don't like it."

Leaving Home: forced to leave their home, e.g., "looks like some elderly person is moving out of his home, probably to a nursing home," "they're moving because they were evicted."

Loneliness: any kind of expression of loneliness, e.g., "she looks lonely, she doesn't have any visitors."

Loss of Attractiveness: any reference to physical appearance, that it has changed to make them less attractive, e.g., "he's uglier than I am," "he doesn't have much hair anymore."

Loss of Sexuality: expressing or showing some concern about their sexuality, e.g., "a lady and a man, they

don't want to get very close to each other, but finally they do and hug and kiss," "the old people are watching the younger ones making love and remembering how it used to be."

Need for Achievement: some interest in finding a job, e.g., "he's looking in the want ads to find some kind of a job, he's trying to find a job."

Nostalgia: reminiscing, or referring back to earlier times, e.g., "its about pleasant memories and her youth," "older people are interested in younger people, it takes them back to their younger days."

Nurturance: being supportive or comforting to others, e.g., "she's holding a little baby, loving the little child."

Oral: e.g., "they are grocery shopping," "they're having lunch."

Physical Limitations: e.g., "she's in bed sick," "her arthritis made her drop her bowl."

Passivity: e.g., "she just watches the others."

Reference to Age: e.g., "the father is older than the mother, his head is bald," "that's a picture of her parents when they were very young."

Religious Concerns: any reference to religion or religious beliefs, e.g., "she's been reading the Bible," "she is saying a prayer."

Sentience: especially aware of any smells, sounds, sights, tastes, or tactile feeling, e.g., "she's dreaming about the stars or her plant," "she's dreaming about the garden and flowers."

Separation: any mention of separation or parting from someone close, e.g., "she wants to be with her grandchildren, but they are away, I expect they'll be by soon to see her," "he's leaving for awhile, they're kissing goodbye."

Social Criticism of Nursing Homes: any complaint about the nursing home or its environment, e.g., "help wanted, that's what they need here, they don't have enough help," "the nursing home people better get going and make things better."

Suicide: e.g., "last resort, he's tired of living, he's going to take pills and end it all."

Travel: e.g., "some elderly lady is going travelling," "some folks are going on vacation and taking their pet bird with them."